

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES**ALLEN SUPPLY****27220006-1****1. MONTH OF JANUARY 1, 2009 THRU JANUARY 31, 2009**

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 3/12/09 Date sent to user _____Date due back _____ Reviewer C.J.M.

Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORT

NAME: Allen Linen Supply and Laundry Service Inc

FEB 17 2009

MAILING ADDRESS: 407 20th Ave Paterson N.J. 07513FACILITY LOCATION: 971 E 24th Street Paterson N.J. 07513CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Chris GomezTELEPHONE: 973-742-6131NEW CUSTOMER ID / OUTLET ID: 27220006

OLD OUTLET DESIGNATION: _____

MONITORING PERIOD					
Start			End		
1	01	09	1	31	09
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day

Total Flow-gal/day

~~86791~~ 95471

86,791

95,471

Method Used: _____

1475461 gallons Divided by 17=86791

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.118 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.190 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-HEM	Sample Measurement	<5.38 ND ✓		Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
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	Permit Requirement					

Production Rate (if applicable)

PRETREATMENT MONITORING REPORTCertification of Non-Use if applicable (use additional sheets): FEB 17 2009

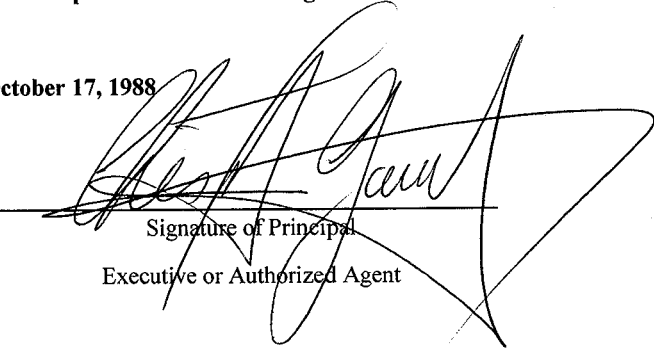
Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: Allen Linen is in compliance with the rules and regulations of PVSCExplain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph less than 2

No te: no changes made to the plot plan for this facility

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


Signature of Principal

Executive or Authorized Agent

Chris Gomez

Operations Manager

Type Name and Title

2/17/09

Date

**ANALYTICAL DATA REPORT**

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING
Lab Case Number: E09-00599

MDL = METHOD DETECTION LIMIT

Metals

Lab ID: 00599-001
 Client ID: WASTEWATER COMPOSITE
 Matrix-Units: Aqueous-mg/L
 Percent Moisture: 100

Date Sampled: 1/19/2009
 Time Sampled: NA
 Date Analyzed: 1/23/09

Parameter	Result	Q	MDL
Copper	0.118		0.008
Zinc	0.190		0.008

General Analytical

Lab ID: 00599-001
 Client ID: WASTEWATER COMPOSITE
 Percent Moisture: 100

Date Sampled: 1/19/2009
 Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	1230	2.00	Aqueous-mg/L	1/21/2009 8:00
Total Suspended Solids	620	125	Aqueous-mg/L	1/22/2009 11:00

273 Franklin Road
 Randolph, NJ 07869
 Phone: 973 361 4252
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

**ANALYTICAL DATA REPORT**

for
Allen Linen
407 20th Avenue
Paterson, NJ 07513

Project Name: PVSC MONITORING
Lab Case Number: E09-00599

MDL = METHOD DETECTION LIMIT

General Analytical

Lab ID: 00599-002
Client ID: WASTE GRAB
Percent Moisture: 100

Date Sampled: 1/19/2009
Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
TPH- SGT HEM	ND	5.38	Aqueous-mg/L	2/2/2009 13:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

A handwritten signature in black ink, appearing to read 'Michael H. Leftin', written over a horizontal line.

Michael H. Leftin, Ph.D.
Laboratory Director

273 Franklin Road
Randolph, NJ 07869
Phone: 973 361 4252
Fax: 973 989 5288



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Allen Linen Process Water Meter Reading

01/01/09 starting water meter reading 94070438 gallons

01/31/09 ending meter reading 95545899 gallons

95545899

94070438

1475461 gallons

1475461 total gallons for the month of January

1475461 divided by 17 days = 86791 gallons per day

Allen Linen 01/09 Sanitary Meter Reading

827780 starting reading

835580 ending reading

835580

827780

7800 gallons

7800 divided by 17 = 458 gpd

CUSTOMER INFO

Company: Allen Linen
Address: 407 20th Ave

Paterson N.J.07513

Telephone #:

Fax #:

Project Manager:

Sampler: Hanover Controls

Project Name: PVSC MONITORING

Project Location (State): NJ

Bottle Order #:

Quote # :

REPORTING INFO

REPORT TO:	Hanover Controls
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Address: 11 Windsor W.

East Hanover N.J. 07936

Attn: John Ceresnak

FAX #
E-Mail cerez4741@optonline.net

INVOICE TO:	Above
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Address:



Attn: PO #

SAMPLE INFORMATION

[illegible]

	Known Hazard:	Yes or No	Describe:
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Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any ambiguities have been resolved.

Signature/Company	Date	Time	Signature/Company
Relinquished by: 	1/20/2009	3:01	Received by: 
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:
Relinquished by:			Received by:

LAB COPIES - WHITE & YELLOW; CLIENT COPY - PINK

Lab Case #

6509

PAGE: of